



4800 SOUTH SERVICE RD
BEAMSVILLE, ON L0R 1B1
905-563-8205

INTERNAL USE:

CN: _____

APPLICATION #: _____

OWNER AUTHORIZATION FORM

This form is required only if a Party other than the Owner is making this application.

1. Name of Owner(s) _____
Address _____

Postal Code _____ Tel: _____ Email: _____

2. Authorized Agent _____
Address _____

Postal Code _____ Tel: _____ Email: _____

Note: Please specify to whom all communications should be sent: Owner () Agent ()

Location of Subject Lands:

I/we, the undersigned, being the registered Owner(s) of the above lands hereby authorize

of the _____
to make an application on my/our behalf to the Short Term Accommodation License Administrator of the
Town of Lincoln for the establishment of a Short Term Rental.

Dated at the _____ of _____ in the Regional Municipality of Niagara, this _____ day
of _____, 20____.

Signature of Witness

Signature of Owner

Signature of Witness

Signature of Owner

NOTE: This form is to be used:

- To authorize an agent to act on behalf of the owner(s) when making and signing the application; and
- To authorize an owner, if there is more than one, and only one owner signs the application.

* A digital printed signature is accepted as a signed document.

The personal information on this form is collected under authority of the Municipal Act 2001, SO 2001, c. 25, as amended. The information will be used for processing the Short Term Accommodation License Applications and will form part of a public record to be considered by Council in processing the application. Questions about this collection should be directed to the Corporate Services Department.